

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: LIPOSOMAL ANTINEOPLASTIC DRUGS AND  
USES THEREOF

Attorney Docket Number:: 480208.408D1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Thomas
Middle Name::	D.
Family Name::	Madden
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	B.C.
Country of Residence::	Canada
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City of mailing address::	Vancouver
State or Province of mailing address::	B.C.
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6L 2A1

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Sean
Middle Name::	C.
Family Name::	Semple
Name Suffix::	
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Street of mailing address::	301-2880 Oak Street

City of mailing address:: Vancouver  
State or Province of mailing address:: B.C.  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6H 2K5

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
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Middle Name:: F.  
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Country of Residence:: Canada  
Street of mailing address:: 8588, 143rd Street  
City of mailing address:: Surrey  
State or Province of mailing address:: B.C.  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V3W 0N9

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/896,812	June 29, 2001
09/896,812	An application claiming the benefit under 35 USC 119(e)	60/264,616	01/26/01
09/896,812	An application claiming the benefit under 35 USC 119(e)	60/215,556	06/30/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Inex Pharmaceuticals Corporation
Street of mailing address::	100-8900 Glenlyon Parkway Glenlyon Business Park
City of mailing address::	Burnaby
State or Province of mailing address::	B.C.
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6K 3S4